use repenyors Reduction Act of 1995, no persons are required to respond to a pollection of information unless a displaye a yard OMB control number. Approved for use through 7/31/2006 CMB 0651-0032 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application of Docker Humber 10165633 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR SMALL ENTITY NUMBER FILED BASIC FEE NUMBER EXTRA (37 CFR 1 16(4) (b) & (c)) RATE (\$) FEE () N/A RATE (\$) SEARCH FEE N/A FEE (1). HVA 150.00 (37 CFR 1 16(N. (1). or (m)) NA Ň/A 300.00 EXAMINATION FEE N/A NA \$250 (37 CFR 1 16(a), (p), or (q)) N/A NIA \$500 TOTAL CLAIMS N/A NA \$100 (37.0FR 1 16(i)) NA \$200 INDEPENDENT CLAIMS minus 50 * X\$ 25 (37 CFR 1 16(N)) X\$50 OR minus 3 = X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due FEE . (37 CFR 1 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 1641) +180= * If the difference in column 1 is less than zero, enter *0" in column 2. +360-TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OTHER THAN OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER PREVIOUSLY RATE (\$) AMENDMENT EXTRA ADDI-PAID FOR RATE (S) Total TIONAL ADOI-ENDME 0 Minus FEE (\$) TIONAL. 20 Independent D7 CFR 1.16(1) FEE (1) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR c FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR (Column 1) ADD'L FEE (Column 2) (Cotumn 3) CLAIMS HIGHEST 8 REMAINING NUMBER AFTER. AMENDMENT PRESENT **AMENDMENT** RATE (\$) PREVIOUSLY EXTRA ADDI-RATE (\$) Tolel COTOFR.1.18(1) PAID FOR TIONAL ADOI-Minus FEE (5) TIONAL Independent . (37 CFR 1.180.1) X\$ 25 FEE (\$) Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360≈ OR TOTAL TOTAL ADD'L FEE OR

of the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. "If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, button and between the transfer of the complete. biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient the amount of time you require to complete this form and/or suggestions for reducing time outroen, should be sent to the Union Information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

ADD'L FEE

[•] If the entry in column 1 is less than the entry in column 2, write "O" in column 3.